



Illinois Department of Revenue

ST-16 Annual Report of Manufacturer's Purchase Credit Earned

Use this form for MPC earned on tax-exempt purchases of manufacturing or graphic arts machinery and equipment made on or after **September 1, 2004**.

REV 02 Form 063 Station 267

E S _____/_____/_____

NS CA

Step 1: Identify your business

- 1 Business name _____
- 4 Illinois business tax (IBT) number _____
If you do not have an IBT number, check this box.
Write your federal employer identification number (FEIN). _____
- 2 Business address _____
Street address _____
- City _____ State _____ ZIP _____
- 5 Write the purchase year: January through December _____ Year _____
This report is due by June 30 of the following year.
- 3 Business phone number _____

Step 2: Identify tax-exempt purchases of manufacturing or graphic arts machinery and equipment (Do not round your figures.)

Write "\$0" on Lines 1 through 8 if reporting for calendar year 2004. You **may not** earn MPC for any tax-exempt purchases made before September 1, 2004.

Month of exempt purchase	A Purchase price of exempt items	State tax rate	B Tax that would have been due	Percentage	C Amount of credit earned
1 January	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
2 February	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
3 March	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
4 April	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
5 May	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
6 June	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
7 July	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
8 August	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
9 September	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
10 October	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
11 November	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
12 December	\$ _____ X	.0625 = \$ _____	X .50 = \$ _____		
Total	\$ _____			Total	\$ _____
	(Column A)				(Column C)

Step 3: Sign below

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Taxpayer's signature _____	(_____) _____ Daytime phone number _____	/ _____ / _____
Preparer's signature _____	(_____) _____ Daytime phone number _____	/ _____ / _____